

# Virginia Antimicrobial Stewardship Honor Roll for Acute Care Hospitals Program Details

## Program Information

The Virginia Healthcare-Associated Infections (HAI) Advisory Group, led by the Virginia Department of Health (VDH), Health Quality Innovators (HQI), and the Virginia Hospital and Healthcare Association (VHHA), has developed the Virginia Antimicrobial Stewardship Honor Roll for Acute Care Hospitals. The goal of the Honor Roll is to recognize facilities meeting each of the CDC seven core elements of hospital antimicrobial stewardship programs and to encourage facilities to enhance existing programs. In addition, the honor roll gives the Virginia HAI Advisory Group a mechanism to promote statewide initiatives and to highlight participating facilities.

Honor Roll awardees will have also met The Joint Commission antimicrobial stewardship accreditation standards. Participation in the Honor Roll will help align your facility's stewardship program with evidence-based best practices.

## Application Process

- ❖ Facilities should [fill out the application form](#) and send the following documentation:
  - Statement of commitment from leadership for the Antimicrobial Stewardship Program
  - Antimicrobial stewardship policy outlining purpose and at least two program policies and interventions to improve antibiotic use
  - Agenda from most recent antimicrobial stewardship committee meeting
- ❖ Completed form and documentation should be emailed to [hai@vdh.virginia.gov](mailto:hai@vdh.virginia.gov)

## Renewal Process

- ❖ All recognized facilities will need to re-apply to maintain their status every 3 years from their initial award date.
  - Facilities may choose to apply for an upgrade in their status at any point. The same Honor Roll application form can be used.
- ❖ While applications may be submitted at any point during the year, review of applications will occur twice a year in July and December.
  - Honor roll status will be awarded during the month following review.

## Status Levels and Star Designations

- ❖ Status Levels
  - The application form includes basic, intermediate, and advanced criteria for each of the [CDC's core elements of hospital antimicrobial stewardship programs](#)
  - The three different status levels include:
    - Bronze: Must meet at least one criteria per core element
    - Silver: Must meet at least one criteria per core element and at least 4 intermediate criteria
    - Gold: Must meet at least one criteria per core element and at least 4 advanced criteria
- ❖ Star Designee
  - The application form includes questions about participation in statewide antimicrobial stewardship initiatives sponsored by partner organizations.
  - One star is awarded to each facility for the following collaborations:
    - i. Annually submits facility antibiogram to VDH\* for inclusion in the [Virginia State and Regional Cumulative Antibiogram](#)
    - ii. Shares antimicrobial consumption data with VDH\* (National Healthcare Safety Network Antimicrobial Use data or other mechanism)
    - iii. ASP committee shares best practices with others (e.g. mentorship among facilities in community or submitting an abstract for Stewardship Interest Group of Virginia (SIGoVA) Research Symposium)

\*For more information, contact the VDH HAI Program at [hai@vdh.virginia.gov](mailto:hai@vdh.virginia.gov)

## Recognition

- ❖ Facilities will be awarded a certificate stating their status level.
- ❖ Facility names will be listed on the Virginia HAI Advisory Group webpage along with their status level and star designation for the three-year period.
- ❖ Facilities meeting silver or gold status will have program achievements highlighted on the HAI Advisory Group webpage for the three-year period.
- ❖ Facilities meeting a star designation AND a status level will be permitted to use the Virginia Antimicrobial Stewardship Honor Roll graphic of their status level on presentations, posters, etc.

## Contact Information

- ❖ Questions regarding this process can be sent to: [hai@vdh.virginia.gov](mailto:hai@vdh.virginia.gov)

## Example Application Forms Indicating Status Levels

Below is an example application that would meet **BRONZE** status

Core Element	Advanced	Intermediate	Basic
Leadership Commitment	Leadership commitment used to gain dedicated budget for stewardship activities. <input type="checkbox"/>	Stewardship related duties are included in job description and annual performance reviews of ASP leads. <input checked="" type="checkbox"/>	A statement of commitment from senior leadership (CEO, CMO etc.) has been obtained. <input type="checkbox"/>
Accountability & Drug Expertise	ASP physician lead and pharmacist lead have obtained antimicrobial stewardship training from a recognized professional organization (MAD-ID, SHEA, SIDP etc.) or have completed post-graduate education in infectious diseases. <input checked="" type="checkbox"/>	A physician supervised multidisciplinary ASP committee has been convened and access to ID clinician, pharmacist, infection preventionist, and practitioner has been established when available. <input type="checkbox"/>	ASP has designated physician and pharmacist leads. <input type="checkbox"/>
Action	Facility-wide prospective audit and feedback is conducted. <input type="checkbox"/>	Prospective audit and feedback is in place for specific units. <input checked="" type="checkbox"/>	Development of institution specific guidelines for at least five infectious disease states. <input type="checkbox"/>
	Protocol for automatic stop orders for specified antibiotic prescriptions or indications. <input type="checkbox"/>	Antimicrobial restriction with pre-authorization process. <input type="checkbox"/>	IV to PO conversion protocol in place. <input checked="" type="checkbox"/>
	Engage in collaborative quality improvement projects with infection control or other services (e.g. <i>Clostridioides difficile</i> bundle). <input type="checkbox"/>	Protocol requiring indications for all antimicrobial prescriptions. <input type="checkbox"/>	Implementation of antibiotic time-out protocol. <input type="checkbox"/>
Tracking	Antibiotic use data is reported in NHSN AU module. <input type="checkbox"/>	Adherence to facility-specific treatment recommendations have been evaluated for at least two infectious disease states in the past three years. <input type="checkbox"/>	Antibiotic use is tracked on a monthly basis. <input checked="" type="checkbox"/>
Reporting	Monthly antibiotic use data is reported on a dashboard for individual units. <input type="checkbox"/>	Antibiotic use and resistance data (antibiogram) is shared with hospital staff through presentations, committees etc. <input type="checkbox"/>	Local antibiogram disseminated to medical staff on a recurring basis (at least annually). <input checked="" type="checkbox"/>
Education	Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; <b>AND</b> Patient and family education regarding antimicrobial use is integrated in discharge process for all patients leaving on antibiotics. <input type="checkbox"/>	Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; <b>AND</b> Patient and family education regarding antimicrobial resistance and use is available for all patients admitted to the facility (i.e. informational posters). <input type="checkbox"/>	Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; <b>AND</b> Patient and family education regarding antimicrobial use is provided as needed to patients. <input checked="" type="checkbox"/>

**Rationale:** A criteria from each core element is checked AND the applicant does not meet criteria for silver (4 intermediate criteria) or gold (4 advanced criteria).

Below is an example application that would meet **SILVER** status

Core Element	Advanced	Intermediate	Basic
Leadership Commitment	Leadership commitment used to gain dedicated budget for stewardship activities. <input checked="" type="checkbox"/>	Stewardship related duties are included in job description and annual performance reviews of ASP leads. <input checked="" type="checkbox"/>	A statement of commitment from senior leadership (CEO, CMO etc.) has been obtained. <input checked="" type="checkbox"/>
Accountability & Drug Expertise	ASP physician lead and pharmacist lead have obtained antimicrobial stewardship training from a recognized professional organization (MAD-ID, SHEA, SIDP etc.) or have completed post-graduate education in infectious diseases. <input checked="" type="checkbox"/>	A physician supervised multidisciplinary ASP committee has been convened and access to ID clinician, pharmacist, infection preventionist, and practitioner has been established when available. <input checked="" type="checkbox"/>	ASP has designated physician and pharmacist leads. <input checked="" type="checkbox"/>
Action	Facility-wide prospective audit and feedback is conducted. <input type="checkbox"/>	Prospective audit and feedback is in place for specific units. <input checked="" type="checkbox"/>	Development of institution specific guidelines for at least five infectious disease states. <input checked="" type="checkbox"/>
	Protocol for automatic stop orders for specified antibiotic prescriptions or indications. <input type="checkbox"/>	Antimicrobial restriction with pre-authorization process. <input checked="" type="checkbox"/>	IV to PO conversion protocol in place. <input checked="" type="checkbox"/>
	Engage in collaborative quality improvement projects with infection control or other services (e.g. <i>Clostridioides difficile</i> bundle). <input type="checkbox"/>	Protocol requiring indications for all antimicrobial prescriptions. <input checked="" type="checkbox"/>	Implementation of antibiotic time-out protocol. <input type="checkbox"/>
Tracking	Antibiotic use data is reported in NHSN AU module. <input type="checkbox"/>	Adherence to facility-specific treatment recommendations have been evaluated for at least two infectious disease states in the past three years. <input checked="" type="checkbox"/>	Antibiotic use is tracked on a monthly basis. <input checked="" type="checkbox"/>
Reporting	Monthly antibiotic use data is reported on a dashboard for individual units. <input type="checkbox"/>	Antibiotic use and resistance data (antibiogram) is shared with hospital staff through presentations, committees etc. <input checked="" type="checkbox"/>	Local antibiogram disseminated to medical staff on a recurring basis (at least annually). <input checked="" type="checkbox"/>
Education	Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; <b>AND</b> Patient and family education regarding antimicrobial use is integrated in discharge process for all patients leaving on antibiotics. <input type="checkbox"/>	Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; <b>AND</b> Patient and family education regarding antimicrobial resistance and use is available for all patients admitted to the facility (i.e. informational posters). <input checked="" type="checkbox"/>	Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; <b>AND</b> Patient and family education regarding antimicrobial use is provided as needed to patients. <input type="checkbox"/>

**Rationale:** A criteria from each core element is checked AND the applicant has at least 4 intermediate criteria checked but does not meet gold status (4 advanced criteria).

Below is an example application that would meet **GOLD** status

Core Element	Advanced	Intermediate	Basic
Leadership Commitment	Leadership commitment used to gain dedicated budget for stewardship activities. <input checked="" type="checkbox"/>	Stewardship related duties are included in job description and annual performance reviews of ASP leads. <input checked="" type="checkbox"/>	A statement of commitment from senior leadership (CEO, CMO etc.) has been obtained. <input checked="" type="checkbox"/>
Accountability & Drug Expertise	ASP physician lead and pharmacist lead have obtained antimicrobial stewardship training from a recognized professional organization (MAD-ID, SHEA, SIDP etc.) or have completed post-graduate education in infectious diseases. <input checked="" type="checkbox"/>	A physician supervised multidisciplinary ASP committee has been convened and access to ID clinician, pharmacist, infection preventionist, and practitioner has been established when available. <input checked="" type="checkbox"/>	ASP has designated physician and pharmacist leads. <input checked="" type="checkbox"/>
Action	Facility-wide prospective audit and feedback is conducted. <input checked="" type="checkbox"/>	Prospective audit and feedback is in place for specific units. <input type="checkbox"/>	Development of institution specific guidelines for at least five infectious disease states. <input checked="" type="checkbox"/>
	Protocol for automatic stop orders for specified antibiotic prescriptions or indications. <input checked="" type="checkbox"/>	Antimicrobial restriction with pre-authorization process. <input checked="" type="checkbox"/>	IV to PO conversion protocol in place. <input checked="" type="checkbox"/>
	Engage in collaborative quality improvement projects with infection control or other services (e.g. <i>Clostridioides difficile</i> bundle). <input type="checkbox"/>	Protocol requiring indications for all antimicrobial prescriptions. <input type="checkbox"/>	Implementation of antibiotic time-out protocol. <input type="checkbox"/>
Tracking	Antibiotic use data is reported in NHSN AU module. <input checked="" type="checkbox"/>	Adherence to facility-specific treatment recommendations have been evaluated for at least two infectious disease states in the past three years. <input checked="" type="checkbox"/>	Antibiotic use is tracked on a monthly basis. <input checked="" type="checkbox"/>
Reporting	Monthly antibiotic use data is reported on a dashboard for individual units. <input type="checkbox"/>	Antibiotic use and resistance data (antibiogram) is shared with hospital staff through presentations, committees etc. <input checked="" type="checkbox"/>	Local antibiogram disseminated to medical staff on a recurring basis (at least annually). <input checked="" type="checkbox"/>
Education	Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; <b>AND</b> Patient and family education regarding antimicrobial use is integrated in discharge process for all patients leaving on antibiotics. <input type="checkbox"/>	Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; <b>AND</b> Patient and family education regarding antimicrobial resistance and use is available for all patients admitted to the facility (i.e. informational posters). <input checked="" type="checkbox"/>	Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; <b>AND</b> Patient and family education regarding antimicrobial use is provided as needed to patients. <input type="checkbox"/>

**Rationale:** A criteria from each core element is checked AND the applicant has at least 4 advanced criteria checked.